

REGISTRATION RECEIPT ORDER FORM (RS-2)  
PRINCIPAL PLACE OF BUSINESS: **WYOMING**

Name: \_\_\_\_\_

ICC No: \_\_\_\_\_

Transporting: ☐Property      ☐Passenger – Reg. Route      ☐Passenger – Charter

Receipts ordered are for:      ☐Current year (2004)      ☐Next year (2005)

State Name (A)	Vehicles (B)	Fee (C)	Total (B x C)
Alabama	_____	6.00	_____
Arkansas	_____	5.00	_____
California	_____	5.00	_____
Colorado	_____	5.00	_____
Connecticut	_____	10.00	_____
Georgia	_____	5.00	_____
Idaho	_____	2.00	_____
Illinois	_____	7.00	_____
Indiana	_____	10.00	_____
Iowa	_____	1.00	_____
Kansas	_____	10.00	_____
Kentucky	_____	10.00	_____
Louisiana	_____	10.00	_____
Maine	_____	8.00	_____
Massachusetts	_____	10.00	_____
Michigan	_____	0.00	_____
Minnesota	_____	5.45	_____
Mississippi	_____	10.00	_____
Missouri	_____	10.00	_____
Montana	_____	5.00	_____
Nebraska	_____	3.50	_____
New Hampshire	_____	10.00	_____
New Mexico	_____	10.00	_____
New York	_____	10.00	_____
North Carolina	_____	1.00	_____
North Dakota	_____	10.00	_____
Ohio	_____	5.00	_____
Oklahoma	_____	7.00	_____
Rhode Island	_____	8.00	_____
South Carolina	_____	5.00	_____
South Dakota	_____	5.00	_____
Tennessee	_____	8.00	_____
Texas	_____	10.00	_____
Utah	_____	6.00	_____
Virginia	_____	10.00	_____
Washington	_____	10.00	_____
West Virginia	_____	3.00	_____
Wisconsin	_____	5.00	_____

NOTE: Fees must be paid for each vehicle for each state of travel. If there are any questions about how to complete this form, contact your state agency.

**Return completed form to:**  
UDOT/Motor Carrier  
4501 S 2700 W, Box 141210  
Salt Lake City, UT 84114-1210  
Phone: (801) 965-4279  
Fax: (801) 965-4457

**Total Of All State Fees** \_\_\_\_\_

CERTIFYING STATEMENT AND SIGNATURE: I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Credit Card Fee: \$6.50 minimum or 5% of fee total

Exact Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_